

ISSUE SLIP STAPLE AREA (for additional cross references)

| PORTION | INITIALS | CD NO. | DATE |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 5 | 4-17-01 |
| FORMALITY REVIEW | | 7557 | 4/18/01 |
| RESPONSE FORMALITY REVIEW | me | 907 | 7-30-01 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
|----------------|---------|
| Final Original | |
| 1 | 1/12/02 |
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| Claim | Date |
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| Claim | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

07/31/01 - 5525 - RESP